

AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: ☐ IXC

☐ CLEC

☐ ILEC

☐ Water

☐ Sewer

CERTIFICATED COMPANY INFORMATION

Company Name	FEIN/SSN: _____
Db/fka _____	Telephone #: _____
Mailing Address: _____	
City, State, Zip Code _____	
Business Location _____	
City, State, Zip Code _____	County: _____

REGISTERED AGENT INFORMATION

Registered Agent: _____
Mailing Address: _____
City, State, Zip Code _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Regulatory Officer: _____
- _____/_____/_____
Telephone Number / Facsimile Number / E-mail Address
- B. Customer Complaints: _____
- _____/_____/_____
Telephone Number / Facsimile Number / E-mail Address

CONTINUE ON BACK

C. Engineering Operations _____

Telephone Number / Facsimile Number / E-mail Address

D. Test and Repair: _____

Telephone Number / Facsimile Number / E-mail Address

E. Emergencies: _____

(During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

F. Financial: _____

Telephone Number / Facsimile Number / E-mail Address

G. Customer Contact (Toll Free) _____

This form was completed by Signature

Title: _____ Date: _____

RETURN COMPLETED FORM TO: Public Service Commission of SC

Docketing Department

Post Office Drawer 11649

Columbia, South Carolina 29211

And

Office of Regulatory Staff

Attn: Jeanne Gordon

Post Office Box 11263

Columbia, South Carolina 29211

(Rev. PSC05)